



DEPARTMENT OF ADMINISTRATION
FLEET MANAGEMENT OFFICE
2101 Washington Street, East,
P. O. Box 50121
Charleston, WV 25305-0121

PERMANENT (ONE-YEAR or MORE) INCREASE TO FLEET REQUEST

AGENCY INFORMATION

(FMO Use)

Agency: _____ Date: _____
Coordinator: _____ Telephone # : _____
E-mail: _____

NEW VEHICLE INFORMATION

Billing Code: _____
Funding: State (☒ one) 2014 Model
Federal
Other _____
Class: _____ Color: _____
Make / Model: _____
Fuel Type: (☒ one) Gasoline
Diesel
Hybrid
Other
Desired Vehicle Options: No need to include Standard Options
(Number options as specified on the statewide contract)

USED VEHICLE INFORMATION

(FMO Use)

Billing Code: _____
Funding: State (☒ one) YEAR
Federal
Other _____
Class: _____ Color: No preference allowed
Make / Model: _____
Mileage: (☒ one) 20,000 - 24,000
24,001 - 30,000
30,001 - 36,000
Desired Vehicle Options:
(Number options as specified on the statewide contract)

JUSTIFICATION CATEGORY

(FMO Use)

(☒ one)
Regulatory: Federal Citation: _____
State EO Citation: _____
State Code Citation: _____
State Regulation Citation: _____
Mission Transfer ☐ From: _____ To: _____

Assigned Cabinet Secretary Approval:

Cabinet Secretary, Department of Administration Approval:

Approved
Disapproved
Add'l Info

Additional Information Required: